

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2023 JAN 18 PM 1:20

MYRA BREYARD

23 CV 00428

Write the full name of each plaintiff.

____ CV ____
(Include case number if one has been assigned)

-against-

Do you want a jury trial?

CREDIT SUISSE

☐ Yes ☒ No

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>MYEA</u>	<u>L.</u>	<u>BREVARD</u>
First Name	Middle Initial	Last Name
<u>2100 Bronx Park East, Apt 1B</u>		
Street Address		
<u>Bronx</u>	<u>NY</u>	<u>10462</u>
County, City	State	Zip Code
<u>646-552-6520</u>	<u>mbrevard1@gmail.com</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1: Credit Suisse

Name

Eleven Madison Ave

Address where defendant may be served

<u>N.Y</u>	<u>NY</u>	<u>10010</u>
County, City	State	Zip Code

Defendant 2: _____

Name

Address where defendant may be served

County, City	State	Zip Code
--------------	-------	----------

Defendant 3:

Name

Address where defendant may be served

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

Credit Suisse

Name

Eleven Madison Ave

Address

NY
County, City

NY
State

10010
Zip Code

III. CAUSE OF ACTION

A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☐ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: _____
- ☐ color: _____
- ☐ religion: _____
- ☐ sex: _____
- ☐ national origin: _____

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: _____

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: Nerve damage right side

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☐ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status

- ☐ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status

- ☒ Other (may include other relevant federal, state, city, or county law):

HIPPA Rights Violation

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☒ provided me with terms and conditions of employment different from those of similar employees
- ☐ retaliated against me
- ☐ harassed me or created a hostile work environment
- ☐ other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

See attachment

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? _____

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☐ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? October 18, 2022

When did you receive the Notice? October 21, 2022

☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

- ☐ direct the defendant to hire me
- ☐ direct the defendant to re-employ me
- ☐ direct the defendant to promote me
- ☐ direct the defendant to reasonably accommodate my religion
- ☐ direct the defendant to reasonably accommodate my disability
- ☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)


If still employed I would have received retirement
benefits at retirement age, my medical benefit which
includes retiree benefits and life insurance. My HIPAA
rights were blatantly violated and I was discriminated
against because I was disabled. I am seeking a monetary
settlement for all charges

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>10/17/23 01/17/23</u>		<u></u>
Dated		Plaintiff's Signature
<u>Muri</u>	<u>L</u>	<u>Brevard</u>
First Name	Middle Initial	Last Name
<u>2100 Bunker Park East</u>		<u>Apt 1B</u>
Street Address		
<u>BY</u>	<u>NY</u>	<u>10162</u>
County, City	State	Zip Code
<u>646-552-6520</u>	<u>mbrevard1@gmail.com</u>	
Telephone Number	Email Address (if available)	

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

United States District Court Southern District New York

Myra Brevard vs Credit Suisse

1. I am an African-American woman with a disability. My disability is severe pain due to nerve damage.
2. I first began working for Credit Suisse in 2004 as an administrative assistant. I worked in the New York City office.
3. In 2006, I left Credit Suisse to pursue other opportunities.
4. In November 2014, I was re-hired by Credit Suisse, again as an administrative assistant in the New York City office.
5. Beginning in October 2015, I began experiencing extreme pain in my right foot mostly when I walked.
6. To address the pain in my right foot, in June 2016, I underwent surgery to have the bunion on my right foot removed.
7. As a result of the surgery, I developed a severe infection where the bunion was removed which caused me to become extremely ill and to experience terrible pain. I had to undergo approximately 6 weeks of intravenous antibiotics treatment at home as a result of the infection.
8. Beginning in May 2016, due to the surgery and its complications, I went on disability leave.
9. My disability leave was approved by Credit Suisse.
10. Prior to going on disability leave, I was a good employee and there were no issues with my performance.

11. In February 2018, I had another surgery in order to attempt to deal with the side effects from my first surgery. Those side effects were that I was in constant and debilitating pain.

12. This surgery was not successful and it resulted in severe nerve damage throughout my right leg with results in my leg buckling when I walk. I continued to suffer severe pain, nerve damage and my leg buckling today which requires me to take 5 different medications. [

13. As a result of the constant pain from the nerve damage. I was unable to return to work.

14. From May 2016 to February 2020, I remained on disability leave but was still employed by Credit Suisse.

15. In January/February 2020, my condition had not improved but I wanted to try to work on getting back to work. I discussed with my doctor the possibility of my returning to work. We discussed that maybe I could try working on a part-time basis would be a potential means of accommodating my ongoing disability/condition. My doctor told me to talk to my employer and see how I could be accommodated.

16. In February 2020, I emailed Lauren Schechter, my Human Resources Business Partner at Credit Suisse that I had dealt with in the past to discuss my return to work. This email bounced back because the person I was trying to reach was no longer at Credit Suisse.

17. On or around February 4, 2020, I emailed my manager at Credit Suisse, Arielle Savino, to discuss my returning to work. [Ms. Savino did not respond to my email.]

18. On or around February 12, 2020, I was contacted by Karen Chung, who represented herself as a Human Resources Business Partner at Credit Suisse. Ms. Chung said that Ms. Savino had sent my email and request to her.

19. I told Ms. Chung that I was interested in returning to work at Credit Suisse. I also told her that because of my continuing disability, if my doctor gave me the approval to return to work, I required an accommodation in terms of a reduced work schedule.

20. Karen did not respond immediately to my request so I called the Credit Suisse Benefits number and asked if there was another Human Resource Generalist I could speak to and I was informed that Credit Suisse no longer employed Human Resource Generalists and the I would have to call them to talk to Disability Administrator. I then asked them who was Karen Chung. I was put on hold and the person I was speaking to came back and told me that Karen Chung was a Recruiter. Karen was privy to private medical information that is in direct violation of my HIPPA rights. Arielle Savino referred her to me knowing that she was not who I should be speaking to.

21. Eventually, Instead of engaging with me about my request to return to work and my request for an accommodation, Ms. Chung told me in March and April 2020 that because I was hired after 2007, I was not allowed to be on disability leave for more than 42 months, at which point I will be terminated from employment by Credit Suisse.

22. I explained to her that because I was a re-hire from before 2007, I was grandfathered in under the prior policy.

23. Credit Suisse was well aware that I was not subject to the post-2007 policy. In fact, the paperwork I received about my eligibility for COBRA benefits after I was terminated by Credit Suisse states that my original hire date was 2005, not 2014. [See attached Exhibit A]

24. Nonetheless, Ms. Chung continued to insist that I was subject to the post-2007 rule, and also told me that I would be terminated by Credit Suisse as of May 2020 at the expiration of the maximum term of my disability leave

25. I never received any notice from Credit Suisse about this policy or about reaching the maximum term of my disability leave prior to my contacting Credit Suisse on my own in February 2020 to request returning to work with an accommodation for my disability.

26. In May and June 2020 I continued to try to contact Ms. Chung to explain why I thought she was mistaken, but she stopped responding to me. I never received a termination letter which is the policy of Credit Suisse for every employee that is terminated.

27. After informing Credit Suisse of my intention to return to work and requesting an accommodation for my disability, no one at Credit Suisse ever offered to discuss my request for an accommodation for my disability with me, nor was I offered any other accommodations for my disability.

28. Other individuals without disabilities and who did not request accommodations for their disabilities were offered to participate in Credit Suisse's Back to Work Program, which is a program the Credit Suisse participated in for those that had been out of for long periods of time and wanted to rejoin the workforce. [Not sure if the program still exists but it did before I became disabled]

29. Instead, on or around April 2020 I received an email letter from Credit Suisse stating that explained why I was being terminated from a Disability Administrator that but not a termination letter.

30. This was a pretextual reason. I would not have reached the end of any supposed maximum term of disability leave in May 2020 if Credit Suisse had entertained my request to return to work and my request for an accommodation for my disability, which I first made to Credit Suisse through Ms. Chung.

31. My termination was also carried out in contravention of Credit Suisse policy.

32. Following my termination by Credit Suisse, I promptly contacted the EEOC to file a complaint on June 2020. All of which was don't by phone because of the Covid-19 pandemic. On February 16, 2021, I received an email from the EEOC letting me know the my 300 days was closely approaching and I need to send him my compliant form, which I did email on Feb 23rd by email because EEOC was still not operation through their online portal. (The attached Exhibit B email and form send is attached which shows that I did meet the 300 day deadline to file). I had to file again because the Inspector dropped the ball and left EEOC. The second one was dropped again after Credit Suisse responded because that Inspector also left EEOC.

33. On March 23, 2020 I filed a second charge complaining that Credit Suisse discriminated against me on the basis of my disability. In my EEOC charge, I complained that Credit Suisse failed to discuss or accommodate my request for an accommodation to allow me to return to work with my disability, and instead terminated me on pretextual grounds. [A copy of the charge is attached as Exhibit C.]

34. On October 18, 2022, the EEOC issued me a right-to-sue letter. A copy of this letter is attached as Exhibit D.

Exhibit A

CREDIT SUISSE

Statement Date: May 5, 2020



Your Benefits Resources™

<http://digital.alight.com/credit-suisse>



V000015

MYRA L. BREVARD
200 WEST 143RD STREET
14M
NEW YORK NY 10030

COBRA Enrollment Notice - Credit Suisse

Action Needed!

You must enroll in COBRA health coverage by **July 31, 2020** on Your Benefits Resources™ at <http://digital.alight.com/credit-suisse>. If you don't enroll, you'll lose this opportunity. If you don't want COBRA coverage, you don't need to do anything. If you want to enroll, make your coverage choices. You can change your choices any time, up until **July 31, 2020**, by calling Your Benefits Resources™. Refer to the For More Information section for details.

This notice contains important information about your right to continue your Credit Suisse health coverage, as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace at www.HealthCare.gov or by calling 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information contained in this notice very carefully and keep it for your records.

As a result of your recent change in status, your current benefit coverage ends on **April 30, 2020**. You may choose to remain covered under your current group health plan for up to **18 months**. This coverage is provided through the Consolidated Omnibus Budget Reconciliation Act, which is often referred to as COBRA.

If your separation agreement indicates that the firm will subsidize the cost of your COBRA coverage for a fixed amount of time, your HR generalist will notify Alight Solutions (the subsidized payment period is applied towards the 18 month COBRA coverage period). In order to obtain this benefit you **MUST** elect COBRA benefits - you'll not be automatically enrolled.

Your Benefits

This table details when your current coverage ends and your COBRA coverage begins.

150000048 02490-V000015





Statement Date: May 5, 2020



Your Benefits Resources™

<http://digital.alight.com/credit-suisse>



V000015

MYRA L. BREVARD
2100 BRONX PARK EAST
1B
BRONX NY 10462

Conversion/Portability Notice - Credit Suisse

This notice provides the necessary Plan information you'll need if you want to continue your benefit coverage directly with the insurance company. Generally, you must apply for continuation within 31 days of when your coverage was terminated. Contact the insurance company directly for more information on your continuation option and corresponding cost.

Employee Information

Employee Name	MYRA L. BREVARD
Employee Address	2100 Bronx Park East 1B Bronx NY 10462

Employer Information

Credit Suisse
PO BOX 661074
DALLAS, TX 75266-1074
1-888-325-2732



Conversion/Portability Notice

Page 2

Medical	
Refer to your health plan identification card to complete the information below before contacting the insurance company.	
Group Number	
Insurance Company	U.S. Healthcare Consolidated
Telephone Number	
Website	
Option	3--UHC Standard
Coverage Category	1--You Only
Earliest Coverage Begin Date	01-01-2005
Coverage End Date	05-31-2020

Basic Life	
Group Number	Metlife
Insurance Company	Metlife
Telephone Number	877-275-6387
Website	www.metlife.com
Option	1--\$50,000
Active Coverage	\$50,000
Earliest Coverage Begin Date	01-01-2005
Coverage End Date	05-01-2020
If you need more information on your continuation options and/or corresponding costs, please call the phone number listed above. If you decide to complete an application, you must include a copy of this Conversion/Portability Notice with your completed application. This form will serve as the employer portion of the application.	

COBRA Enrollment Notice

Plan	Your Benefits (ending 04-30-2020)	Your COBRA Benefits (beginning 05-01-2020)	COBRA Benefits Automatically End
Medical			
	UHC Premier, Rx copay	No Coverage	11-30-2021
	You Only	No Coverage	
Health Care Flexible Spending Account			
Your Annual Contribution	\$1,000.00	\$0.00	12-31-2006
Dental			
	MetLife Dental	No Coverage	11-30-2021
	You Only	No Coverage	
Vision			
	Vision Coverage	No Coverage	11-30-2021
	You Only	No Coverage	

Your Benefit Choices

Below are the benefit choices available to you and the monthly cost of each choice.

Medical	
	You Only
No Coverage	\$0.00
UHC Standard	\$700.85

Dental	
	You Only
No Coverage	\$0.00
Delta Dental PPO Plus Premier	\$51.10

Conversion/Portability Notice

Personal Accident Insurance	
Group Number	OK960118
Insurance Company	Metlife
Telephone Number	877-275-6387
Website	www.metlife.com
Active Coverage	\$236,000
Earliest Coverage Begin Date	01-01-2005
Coverage End Date	05-01-2020
If you need more information on your continuation options and/or corresponding costs, please call the phone number listed above. If you decide to complete an application, you must include a copy of this Conversion/Portability Notice with your completed application. This form will serve as the employer portion of the application.	

For More Information

If you need more information or want to obtain application forms, please visit the insurance company's website or call the phone number above. If you decide to complete an application, you must include a copy of this Conversion/Portability Notice with your completed application. This form will serve as the employer portion of the application.

Your Benefits Resources™ is a trademark of Allight Solutions LLC.



Exhibit B



Re: 520-2021-01797 - Form 5A - Timeliness

1 message

Myra Brevard <brevardml1@yahoo.com>

Tue, Feb 23, 2021 at 12:32 PM

To: richard.buckley@eeoc.gov <richard.buckley@eeoc.gov>

Cc: Eeoc Noreply <info@eeoc.gov>

hello, Please find attached my 5A form.

Thank you,

Myra Brevard

On Wednesday, February 17, 2021, 09:52:58 AM EST, Myra Brevard <brevardml1@yahoo.com> wrote:

Good morning Richard,

I contacted your office by email because there were no appointments through the portal and I was given the option to send an email requesting an asap appointment because of the sensitivity of time.

Are you able to assist me with scheduling an appointment. If not, who should I contact.

Thank you,
Myra Brevard
646 552-6500

Sent from Yahoo Mail on Android

On Wed, Feb 17, 2021 at 7:09 AM, RICHARD BUCKLEY
<RICHARD.BUCKLEY@EEOC.GOV> wrote:

Good Morning Ms. Myra Brevard,

Re: APPROXIMATE DEADLINE FOR FILING A CHARGE

Earliest Date: 03/01/2021 Latest Date: 03/01/2021

It has come to our attention that your case is nearing the approximate date for filing a charge—based on the 300-days statute of limitation factor. The deadline calculation is based on the date you have provided as your (most recent) last date of harm. Please, visit the Public Portal to schedule an appointment. Individuals wishing to file a charge of discrimination are strongly encouraged to schedule an appointment through the online Public Portal system described below, and appointments will be scheduled Monday through Friday in slots starting at 9:00 am, 11:00 am, 1:00 pm, and 3:00 pm. At this time, in response to health concerns regarding the coronavirus, all interviews will be conducted by telephone. Please do not report to the office in-person. You will be contacted at the telephone number you have provided.

See <https://www.eeoc.gov/employees/timeliness.cfm> for more information about filing deadlines.

If you are unable to:

1. secure a By-Phone appointment, by the day before your deadline,
2. you may complete, sign, and return a PDF version of the Form 5A, which would satisfy a timely filing of a charge; see attached Form 5A. You need only send a PDF version of the completed Form 5A, by E-Mail, Fax, or Postal Mail, to me.

3. In addition, you may file a claim with the NYSDHR, if you are unable to timely file with the EEOC because the deadline with the DHR is 365 days.

NEW YORK STATE DIVISION OF HUMAN RIGHTS

Bronx - 1 Fordham Plaza, 4th Floor; Bronx, NY 10458; 718-741-8400, dhr.ny.gov/complaint

Brooklyn - 55 Hanson Place, Room 347; Brooklyn, NY 11217; 718-722-2385, dhr.ny.gov/complaint

Manhattan - 163 W. 125th Street, 4th Floor; New York, NY 10027; 212-961-8650, dhr.ny.gov/complaint



scheduling an urgent appt, - 520-2021-017797

1 message

Myra Brevard <brevardml1@yahoo.com>
To: NFO@eeoc.gov <NFO@eeoc.gov>
Cc: Myra Brevard <mbrevard1@gmail.com>

Tue, Feb 16, 2021 at 11:38 AM

Hello,

I am unable to schedule an appointment online. I need to have one scheduled as soon as possible because my time is soon running out to file.
Can someone contact me at 646-552-6500 or email me with an appt. date and time.

Many thanks,

Myra Brevard 646-552-6500



[Email Verification Code]

1 message

U.S. Equal Employment Opportunity Commission <noreply@eeoc.gov>
To: mbrevard1@gmail.com

Tue, Feb 16, 2021 at 10:44 AM

Please use code **792935** to verify your email.



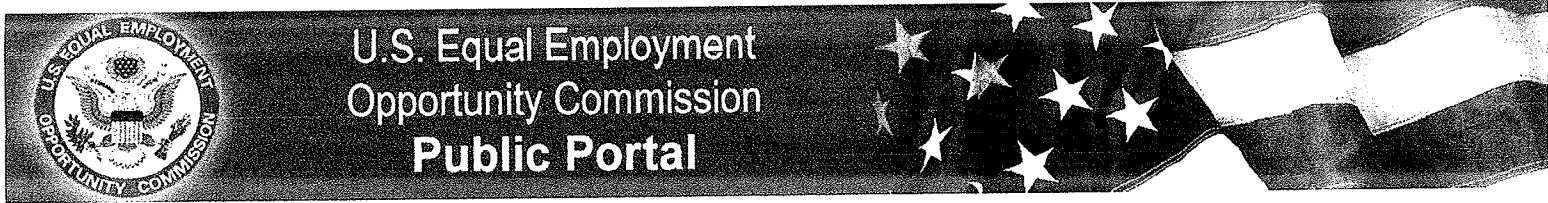
U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

CHARGE OF DISCRIMINATION

For Official Use Only – Charge Number:

EEOC Form 5A (October 2017)

Personal Information	First Name: <u>MYRA</u> MI: <u>L</u> Last Name: <u>BREVARO</u> Address: <u>2100 Bronx Park East</u> Apt.: <u>1B</u> City: <u>New York</u> County: <u>Bronx</u> State: <u>NY</u> Zip Code: <u>10462</u> Phone: <u>646-552-6510</u> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Email: <u>brevardml1@gmail.com</u>
Who do you think discriminated against you?	Employer <input checked="" type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Organization <input type="checkbox"/> Organization Name: <u>Credit Suisse</u> Address: <u>11 Madison Ave</u> Suite: <u></u> City: <u>New York</u> State: <u>NY</u> Zip Code: <u></u> Phone: <u>212-325-2000</u>
Why you think you were discriminated against?	Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Genetic Information <input type="checkbox"/> Retaliation <input type="checkbox"/> Other <input type="checkbox"/> (specify)
What happened to you that you think was discriminatory?	Date of most recent job action you think was discriminatory: <u>5/31/2020</u> Also describe briefly each job action you think was discriminatory and when it happened (estimate). I was on disability for approximately 4 years. My doctor and I decided to try and working back to work plan. I contacted my manager to speak w/ my HR Generalist and explained that I would be trying to come back to work on a part-time basis with the hope of coming back full-time. I spoke with the Generalist and she didn't call back for a week and informed me that I would be terminated because of a claim that she said that she had because I didn't work there before 2017 that I would
Signature and Verification	I understand this charge will be filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address, phone, or email. I will cooperate fully with them in the processing of my charge in accordance with their procedures. I understand by signing below that I am filing a charge of employment discrimination with the EEOC. I understand that the EEOC is required by law to give a copy of the charge, which includes my allegations and my name, to the organization named above. I also understand that the EEOC can only investigate charges of job discrimination based on race, color, religion, sex, national origin, age, disability, genetic information, or based on retaliation for filing a charge of job discrimination, participating in an investigation of a job discrimination complaint, or opposing job discrimination. I declare under penalty of perjury that the above is true and correct. Signature: <u>Myra Brevario</u> Date: <u>2/22/2021</u>



Appointment Scheduling Step 1 of 3

EEOC Public Portal (<https://Publicportal.eeoc.gov/Portal/SupplementalInformation.aspx?>

From=520-2021-01797)

Please enter information about your appointment and click the **Next** button when you are ready to choose your appointment time.

At this time, in response to health concerns regarding the coronavirus, all interviews will be conducted by telephone. Please do not report to the office in-person. You will be contacted at the telephone number you are providing here.

Your Name: Myra Brevard *

EEOC Number: 520-2021-01797

Appointment Office: New York (Time Zone: Eastern)

Office Address: 33 Whitehall Street, New York, NY 10004

Description: Individuals wishing to file a charge of discrimination are strongly encouraged to schedule an appointment through the online Public Portal system described below, and appointments will be scheduled Monday through Friday in slots starting at 9:00 am to 3:00 pm. We have a limited number of walk-in slots available on Tuesday, Wednesday and Thursday for individuals who arrive between 9:00 am and noon. Individuals who walk in may not be

seen due to staff availability, with the exception of individuals whose filing deadlines will expire in 60 days or less. See <https://www.eeoc.gov/employees/timeliness.cfm> for more information about filing deadlines. All other individuals who walk in will be asked to make an appointment.

**What type of interview
are you requesting:**

In-Person Suggested for those within 50-miles of the office

By-Phone

**If you need an
interpreter, what is your
preferred language?
(e.g., Spanish, ASL,
etc.):**

No interpreter needed

**Your E-mail
(Required):** brevardml1@yahoo.com *

Please provide a **valid 10 digit mobile phone number** below if you want to receive text appointment notifications. Message and data rates may apply.

**What is your phone
number
(Required):** (646) 552-6500 *


Please select **Email & Text Message** below to receive appointment notifications to both your registered email address and mobile phone

**Preferred Notification
Method
(Required):** E-Mail *

I use cane to walk

Exhibit C

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 520-2021-01797 </div> </div>	
New York State Division Of Human Rights and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Ms. Myra Brevard		Home Phone (Incl. Area Code) (646) 552-6500	Date of Birth
Street Address City, State and ZIP Code 2100 Bronx Park East, APT 1B, Bronx, NY 10462			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CREDIT SUISSE		No. Employees, Members 15 - 100	Phone No. (Include Area Code) (212) 325-2000
Street Address City, State and ZIP Code 11 MADISON AVE., New York, NY 10010			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 05-05-2020 05-05-2020 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began working for Credit Suisse six (6) years ago as an Administrative Assistant.</p> <p>In April 2017, I took a long-term leave for my disability. In April 2020, I contacted my manager to come back to work part-time. My manager directed me to HR who then directed me to recruiter Karen Chin. I informed Ms. Chin of my plan to return to work first as part-time and then eventually full-time. Ms. Chin immediately informed me that if I had not been employed before 2007, my employment runs out. However, all my documentation states that I was in fact hired in 2004 which is before 2007.</p> <p>During my time as an Administrative Assistant I saw others be offered the Back to Work program where you are floated through different programs. Yet, this was not offered to me. On May 5, 2020, I was told that they cannot rehire me.</p> <p>Based on the above, I believe I was discriminated against because of my disability, in violation of the</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
<div style="display: flex; justify-content: space-between;"> <div> Mar 23, 2021 Date </div> <div>  Charging Party Signature </div> </div>		(month, day, year)	

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):



FEPA



EEOC

520-2021-01797**New York State Division Of Human Rights**

and EEOC

*State or local Agency, if any***Americans with Disabilities Act of 1990, as amended.**

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Mar 23, 2021*Date**Charging Party Signature*NOTARY – *When necessary for State and Local Agency Requirements*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Exhibit D

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: **Ms. Myra Brevard**
2100 Bronx Park East, APT 1B
BRONX, NY 10462

From: **New York District Office**
33 Whitehall St, 5th Floor
New York, NY 10004

EEOC Charge No.
520-2021-01797

EEOC Representative
Ashraf Ahmed,
federal investigator

Telephone No.
9295065298

(See also the additional information enclosed with this form.)

NOTICE TO THE PERSON AGGRIEVED:

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA): This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA **must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

More than 180 days have passed since the filing of this charge.

The EEOC is terminating its processing of this charge.

Equal Pay Act (EPA): *You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.***

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Digitally Signed By: Timothy Riera
10/18/2022

Enclosures(s)

Timothy Riera
Acting District Director

cc: **Matthew Tronzano**
CREDIT SUISSE
11 Madison Avenue
New York, NY 10101
Victoria S Lin
Epstein Becker & Green, P.C.
875 3rd Ave FL 19
New York, NY 10022

INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC

*(This information relates to filing suit in Federal or State court under Federal law.
If you also plan to sue claiming violations of State law, please be aware that time limits and other
provisions of State law may be shorter or more limited than those described below.)*

PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA), the Genetic Information Nondiscrimination Act (GINA), or the Age Discrimination in Employment Act (ADEA):

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10** -- *not* 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.